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Bib Data Sheet

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a DIV of 08/741,095 10/30/1996  
 which is a CIP of 08/464,595 06/05/1995 ABN  
 and is a CIP of 08/462,962 06/05/1995 ABN  
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## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 08/02/1999

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	MD	27	148	22
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

## ADDRESS

22195

## TITLE

HUMAN TUMOR NECROSIS FACTOR RECEPTOR-LIKE 2

<b>FILING FEE RECEIVED</b> 4546	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:  <div style="border-left: 1px solid black; padding-left: 10px; margin-left: 10px;"> <input type="checkbox"/> All Fees  <input type="checkbox"/> 1.16 Fees ( Filing )  <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )  <input type="checkbox"/> 1.18 Fees ( Issue )  <input type="checkbox"/> Other _____         </div>
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